

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A29446**

1. Entity Name  
**SAGA ASSOCIATES LIMITED PARTNERSHIP**



Principal Place of Business  
**% KENNETH A. GOLDING  
27001 U.S. 19 N. SUITE 2095  
CLEARWATER, FL 33761**

Mailing Address  
**% KENNETH A. GOLDING  
27001 U.S. 19 N. SUITE 2095  
CLEARWATER, FL 33761**



03032006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**59-2990643**

Applied For  
**Not Applicable**

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**GOLDING-SCHER, HARRIET S.  
503 ERIE AVENUE  
TAMPA, FL 33606**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

DOCUMENT # **V51167**  
NAME **BRANDON MALL, INC.**  
STREET ADDRESS **27001 U.S. HWY. 19 N., SUITE 2095**  
CITY- ST- ZIP **CLEARWATER, FL 33761**

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100000496902  
94/22/06-80032-010 508.75

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

**H Sara Golding Scher**

**4/3/06**

**727 796-1077**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE